

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048442

STATE FILE NUMBER

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 237

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 20 1963

1. PLACE OF DEATH

a. COUNTY

JASPER

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JASPER

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

CARTHAGE

Length of stay in 1b

25 YRS.

c. CITY  
OR TOWN

CARTHAGE

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

MCCUNE BROOKS HOSPITAL

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

606 E. THIRD

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

MAGGIE

Middle

ELIZABETH

Last

MAGGARD

4. DATE  
OF DEATH

Month

DEC.

Day

9

Year

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/20/88

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOMEMAKING

11. BIRTHPLACE (City and state or country)

ROGERSVILLE, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

UNK

WILLOUGHBY

13b. MOTHER'S MAIDEN NAME

MAGGIE WILLOUGHBY

14. NAME OF HUSBAND OR WIFE

FRANK MAGGARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, go, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

FRANK MAGGARD, 606 E. THIRD, CARTHAGE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease 7-8 mos

DUE TO (b)

Senility

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

Malnutrition, General Debility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2-7-58

to 12-9-63

and last saw her alive on 12-9-63

Death occurred at

12:55 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Proctor

22b. ADDRESS

M.D. 510 S. MAIN, CARTHAGE, MO.

22c. DATE SIGNED

12/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

12/11/63

23c. NAME OF CEMETERY OR CREMATORY

REEDS CEMETERY

23d. LOCATION (City, town, or county)

JASPER CO.

Mo.

24. FUNERAL DIRECTOR

ADDRESS

ULMER FUNERAL HOME, CARTHAGE, MO.

25. DATE RECD. BY LOCAL REG.

12-11-63

26. REGISTRAR'S SIGNATURE

Edw. Clutter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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BY AFFIDAVIT OF

DATE AMENDED

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.